

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002110

1. Entity Name
KALLMAN FAMILY PARTNERS, LTD. LLLP



FILED

03 APR 30 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2811 N.W. 58TH BLVD. GAINESVILLE FL 32606	Mailing Address 2811 N.W. 58TH BLVD. GAINESVILLE FL 32606
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 59-3431563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KALLMAN, CLAYTON H
2245 N.W. 24TH AVENUE
GAINESVILLE FL 32605-8

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$375,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	KALLMAN, CLAYTON H	STREET ADDRESS	
NAME	2811 N.W. 58TH BLVD.	CITY-ST-ZIP	
STREET ADDRESS	GAINESVILLE FL 32606		
CITY-ST-ZIP			
DOCUMENT #	KALLMAN, LINDA	STREET ADDRESS	3000017611282
NAME	2811 N.W. 58TH BLVD.	CITY-ST-ZIP	04/30/03--01101--016 **526.25
STREET ADDRESS	GAINESVILLE FL 32606		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE *[Signature]* REQUIRED

4/22/03 352-376-2343

DATE DAYTIME PHONE #

CR2E003 (10/02)